



Office of Children's Services
Empowering communities to serve youth

New CSA Coordinator Academy

2021 Virtual Edition



Office of Children's Services
Empowering communities to serve youth

Welcome

Scott Reiner
Executive Director
Office of
Children's Services



BEFORE WE BEGIN . . .



This session is being recorded



All lines are muted to start the meeting

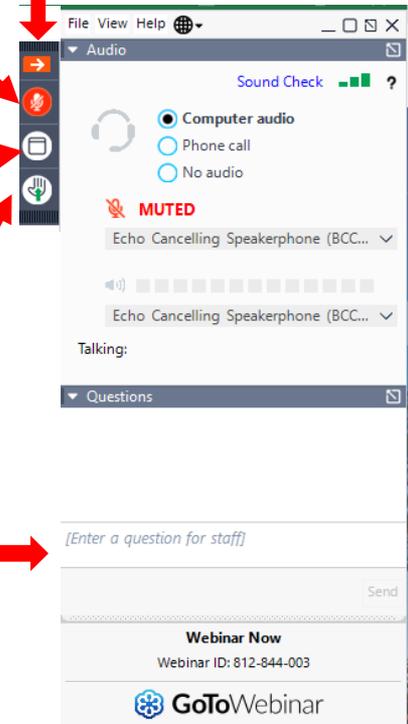
Click to Unmute Yourself (if allowed)

Click ESC to leave full screen mode

Raise Hand to have your line unmuted

Type questions here

Hide/Show Control Panel





Office of Children's Services
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Welcome

Stephanie Bacote
Program Audit Manager
Office of
Children's Services





Office of Children's Services
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Welcome

Annette Larkin

**Program Auditor
Office of
Children's Services**





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Audit Process Overview

and

Preparation Resource Tools

Presented By:
Stephanie Bacote, Audit Manager
Annette Larkin, Program Auditor



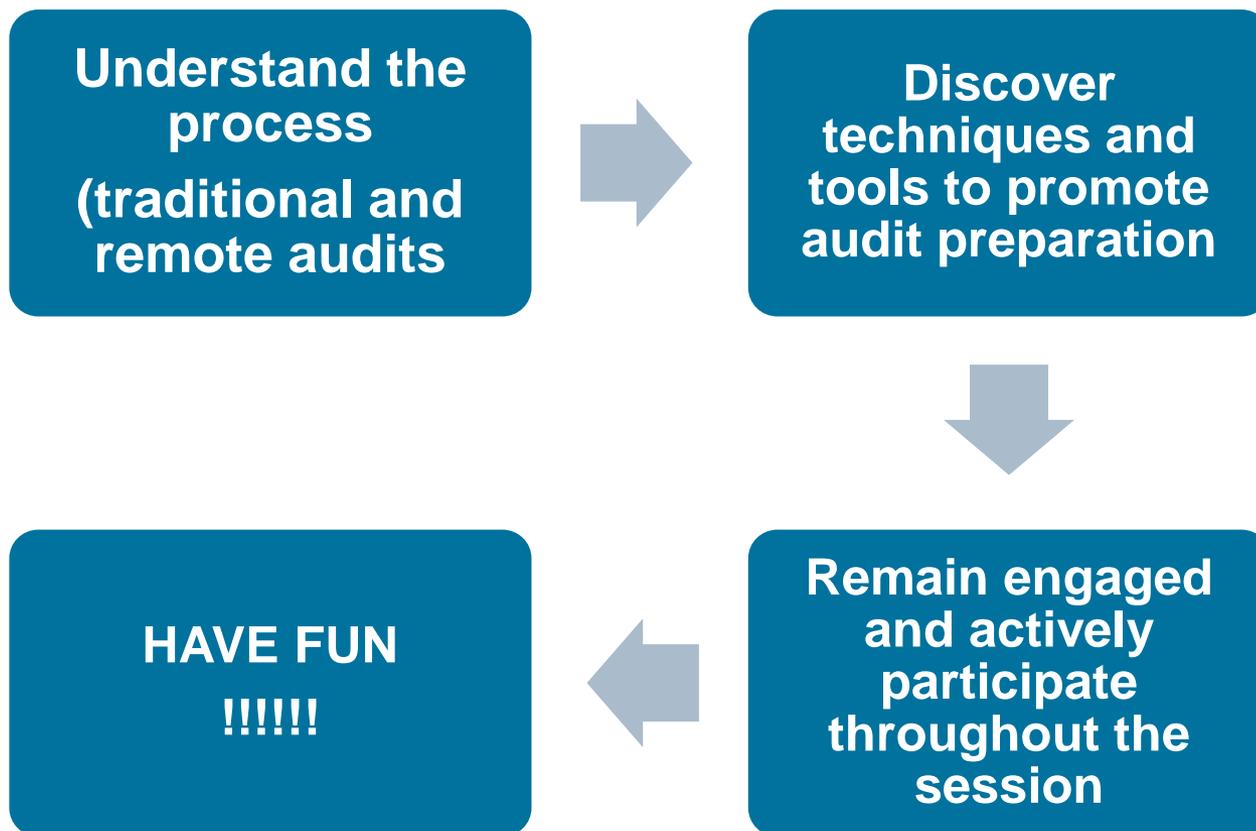
TRAINING OBJECTIVES

Presenter's Objectives:



TRAINING OBJECTIVES

Trainees' Objectives:



SESSION AGENDA



OVERVIEW:
RULES OF
ENGAGEMENT



AUDIT
PREPARATION
RESOURCES



HIGHLIGHTS



PARTICIPANT
ENGAGEMENT

Room Survey

Raise Your Hand If.....

- You participated in an audit
- Led by auditors from local government or a privately contracted entity (i.e. public accounting firm)
- CSA Program Audit



Audit Overview: Rules of Engagement

Benefits of program evaluation and quality improvement activities:

- Ensure program compliance
- Monitor achievement of goals/objectives
- Assess program effectiveness

Rules of Engagement

- Notifications
 - Audit plan published on CSA website (updated annually)
 - Courtesy telephone call
 - Official Engagement Letter
- Preparations
 - Entrance Conference (in-person or virtual)
 - Requests for information
- Reporting Results
 - Preliminary observations (verbal and/or written)
 - Exit Conference (in-person or virtual)
 - Final Report (published on CSA website)
- Audit Follow-up
 - Quality Improvement Plan (QIP)
 - Administrative Referral Action
 - QIP Updates



Polling Question



1

Fun Trivia

Remote Auditing Process:

Fieldwork	General Audit Procedures	Audit staff will objectively evaluate alternate procedures adopted locally to ensure continuity and access to services and funding impacted by COVID-19							
	Client Case Reviews	<p>Localities will be asked to scan (paper to .pdf) a select number of files for audit examination that will be transmitted to the auditor securely (password protected/encrypted).</p> <ul style="list-style-type: none"> The auditor will select a limited number of client records with transaction history during the most recent 12 month period from when the audit is initiated (e.g. September 19 – August 20). The number of records requested is based on the client population of the locality as indicated by CSA utilization reports maintained by OCS. <table border="1" data-bbox="846 749 1483 953" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Population</th> <th># of Files Requested</th> </tr> </thead> <tbody> <tr> <td>1 to 50</td> <td>5 cases</td> </tr> <tr> <td>51 to 500</td> <td>10 cases</td> </tr> <tr> <td>> 501</td> <td>15 cases</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The auditor will provide the CSA Coordinator with a standardized document request form (<i>Attachment 2-Sample</i>) identifying the cases selected for review and the specific documents from each file to be securely transmitted to the auditor. This will ensure that efforts focus on specific documents rather than the full client record. The form also serves as a checklist for the auditor and the local CSA office to record documents submitted for review or provide justification for the absence of the requested information. 	Population	# of Files Requested	1 to 50	5 cases	51 to 500	10 cases	> 501
Population	# of Files Requested								
1 to 50	5 cases								
51 to 500	10 cases								
> 501	15 cases								

Document
Request List
Client Record
Review



MANDATE TYPE: SPECIAL EDUCATION SERVICES IN AN APPROVED EDUCATIONAL PLACEMENT
(Expenditure Category 2g Special Education Private Day Placement)

PART I:	Selected Clients:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	Case No.	
	Documents Requested											
	Check Box if Submitted	Document Description					Auditor/Client Comments:					
	<input type="checkbox"/>	Proof of mandate eligibility <i>(Local form)</i>										
	<input type="checkbox"/>	IEP					For the period covering:					
	<input type="checkbox"/>	FAPT Notes (where applicable)					For the period covering					
	<input type="checkbox"/>	Utilization Reviews										
	<input type="checkbox"/>	Consent to Exchange Info					For the period covering					
	<input type="checkbox"/>	Provider placement agreement or rate sheet (for private day placements and a residential placements)										
	<input type="checkbox"/>	Treatment Plans/Progress Reports										
	<input type="checkbox"/>	Proof of CPMT Funding Approval										
<input type="checkbox"/>	Purchase Orders											
<input type="checkbox"/>	Vendor Invoices											

PART II:	Exceptions	
	Selected Clients:	Explanation/Description:
	Case No.	
PART III:	Certification	
	Name (Print)	Date:
	Signature	Date:

PARTICIPANT ENGAGEMENT



Meet Johnnie Appleseed

- **FC A/N-LDSS
Entrustment
Custody**
- **SPED**

MANDATE TYPE: FOSTER CARE ABUSE/NEGLECT – LDSS ENTRUSTMENT / CUSTODY

(Expenditure Categories 1a,1b,1e, 2a, 2a1, 2c, 2e, 2f,2f1, or 2i Foster Care IV-E or all other children licensed residential congregate care, congregate education , treatment foster care federal and state , state and federal community based services, foster care maintenance and other services , community based services ,transitional community based services from residential to community ,or Psychiatric Hospital /Crisis stabilization units)

PART I:	Selected Clients:	<input checked="" type="checkbox"/> Case No. 111	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.				
	Documents Requested											
	Check Box if Submitted	Document Description					Auditor/Client Comments:					
	<input type="checkbox"/>	Proof of mandate eligibility (Local form)										
	<input checked="" type="checkbox"/>	IFSP/Other Service Plan <i>(Other service plans include Foster Care Plan, Family Partnership Meeting Plans, Multi-Disciplinary Team Plans)</i>					For the period covering: 5/1/20 – 4/30/21					
	<input checked="" type="checkbox"/>	FAPT Notes (where applicable)					For the period covering: 5/1/20 – 4/30/21					
	<input checked="" type="checkbox"/>	Utilization Reviews					Last UR performed during the review period					
	<input checked="" type="checkbox"/>	Consent to Exchange Info					For the period covering: 5/1/20 – 4/30/21					
	<input checked="" type="checkbox"/>	Title IV-E Determination Form					For the period covering: 5/1/20 – 4/30/21					
	<input type="checkbox"/>	Approved Foster Care Home Certificate (if in a local home)										
	<input type="checkbox"/>	Fostering Futures Agreement (where applicable)										
	<input checked="" type="checkbox"/>	Provider placement agreement or rate sheet (if placed through a child placing agency or in a residential placement)					Grafton and Braley & Thompson					
<input checked="" type="checkbox"/>	VEMAT (if receiving enhance maintenance payments)					For the period covering: 5/1/20 – 4/30/21						

	<input type="checkbox"/>	CBBHS assessment signed by a Licensed Mental Health Profession <i>(if client does not have Medicaid)</i>	
	<input checked="" type="checkbox"/>	Treatment Plans/Progress Reports	<u>Braley & Thompson</u> and Grafton
	<input checked="" type="checkbox"/>	Proof of CPMT Funding Approval	To coincide with the selected expenditures on the LEDRS payment history
	<input checked="" type="checkbox"/>	Purchase Orders	To coincide with the selected expenditures on the LEDRS payment history
	<input checked="" type="checkbox"/>	Vendor Invoices	To coincide with the selected expenditures on the LEDRS payment history
	<input checked="" type="checkbox"/>	Certificate of Need / Evidence of IACCT Referral <i>(if in residential placement)</i>	
	<input type="checkbox"/>	ICC Discovery Document <i>(where CSA funds ICC Services)</i>	
	<input type="checkbox"/>	Proof Medicaid Eligibility <i>(where applicable)</i>	
	<input checked="" type="checkbox"/>	Medicaid Authorization/Denial/ Appeals <i>(where eligible and services funded by CSA include, but not limited to, community-based behavioral health services – IHH, TDT, MHSS, residential services and TFC-CM)</i>	Medicaid Authorization to TFC –CM

PART II:	Exceptions	
	Selected Clients:	Explanation/Description:
	Case No.111	Missing Medicaid authorization for TFC –CM
	Case No.111	Missing consent to exchange information
	Case No.	
PART III:	Certification	
	Name (Print) Spencer Logan	Date: 5/13/2021
	Signature <i>Spencer Logan</i>	Date: 5/13/2021

MANDATE TYPE: SPECIAL EDUCATION SERVICES IN AN APPROVED EDUCATIONAL PLACEMENT
(Expenditure Category 2g Special Education Private Day Placement)

PART I:	Selected Clients:	<input checked="" type="checkbox"/> Case No. 123	<input checked="" type="checkbox"/> Case No. 205	<input checked="" type="checkbox"/> Case No. 111	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	<input type="checkbox"/> Case No.	
	Documents Requested											
	Check Box if Submitted	Document Description				Auditor/Client Comments:						
	<input type="checkbox"/>	Proof of mandate eligibility (<i>Local form</i>)										
	<input checked="" type="checkbox"/>	IEP				For the period covering: 5/1/20 – 4/30/21						
	<input type="checkbox"/>	FAPT Notes (where applicable)				For the period covering						
	<input type="checkbox"/>	Utilization Reviews										
	<input checked="" type="checkbox"/>	Consent to Exchange Info				For the period covering: 5/1/20 -4/30/21 (only clients 123 and 205)						
	<input checked="" type="checkbox"/>	Provider placement agreement or rate sheet (for private day placements and a residential placements)				Centra Health (Client 123 and 111) Believe N U Youth Academy (Client 205)						
	<input checked="" type="checkbox"/>	Treatment Plans/Progress Reports				Centra Health (Client 123 and 111) SH Varsity Acquisition Sub LLC (Client 111 and 123) Believe N U Youth Academy (Client 205)						
	<input checked="" type="checkbox"/>	Proof of CPMT Funding Approval				To coincide with the selected expenditures on the LEDRS payment history						
	<input checked="" type="checkbox"/>	Purchase Orders				To coincide with the selected expenditures on the LEDRS payment history						
<input checked="" type="checkbox"/>	Vendor Invoices				To coincide with the selected expenditures on the LEDRS payment history							

PART II:	Exceptions	
	Selected Clients:	Explanation/Description:
	Case No.111	Missing progress note for Centra Health (Oct 2020)- contacted the provider to obtain
	Case No. 123	Missing invoice for SH Varsity Acquisition Sub LLC (Nov 2020) payment - contacted the case manager to see if it's in her case file.
	Case No.	
PART III:	Certification	
	Name (Print) Spencer Logan	Date:5/14/21
	Signature <i>Spencer Logan</i>	Date: 5/14/21



3 Lifelines

- 50/50 where at least two answers will be eliminated.
- Ask the audience where you can ask your team members.
- Phone a friend where you can choose one team member for assistance.



The number of client records requested will be determined by case population indicated by CSA Utilization reports. A locality that has 300 cases, the auditor will request how many client records?





A. 5 client records

B. 10 client records

C. 15 client records

D. 20 client records





A. 5 client records

B. 10 client records

C. 15 client records

D. 20 client records



True/False

The standardized documentation request form will focus on specific documents rather than the full client record.



A. TRUE

B. FALSE



A futuristic arena with a central blue figure and a circular platform. The arena is illuminated with blue and orange lights. The central figure is a glowing blue humanoid shape with a bright blue light on its chest. It is positioned on a circular platform that is surrounded by a ring of orange lights. The arena is filled with blue light, and there are orange beams of light extending from the platform. The background shows a large, dark arena with blue lighting and a central structure with two long, curved arms.

A. TRUE

B. FALSE



Audit Preparation Resources

- **CSA Website**
 - **CSA User Guide**
 - **Self Assessment Workbook**
 - **Audit Reports**
 - **COVLC – Training Modules**

- **Local Program**
 - **Internal Quality Assurance Assessments**
 - **Corrective Action Plans**

How do we prepare for an audit using the Self-Assessment Workbook?



ANSWER: Short Version

- **Complete all sections**
- **Document areas of concerns**
- **Develop quality improvement plan (QIP)
(addresses areas of concern)**
- **Monitor implementation of QIP**
- **Report accomplishments to stakeholders**

Upcoming slides will offer suggestions for performing the assessment.

Section I: Governance

This section is primarily composed of questions and tasks to evaluate program oversight and highlight/suggest internal control best practices. There are no right or wrong answers, but should rather generate discussion whether further action by the CPMT may be warranted.

- **FAQ:** If the evaluation participants conclude that the local program does not meet the assessment criteria, are we required to perform the tasks described while completing or prior to submittal of the self-assessment workbook to OCS.
- **ANSWER:** No. The CPMT may elect to exercise its discretion to do so, but it is not required. If the CPMT elects not to complete the tasks described in the assessment criteria, the CPMT should consider whether to document a quality improvement plan to address observed concerns.

Section II: Risk Management

This section is primarily composed of questions and tasks to evaluate the CPMT's risk management practices, particularly identification of impediments to achieving program objectives and management's (CPMT) response to those concerns. There are no right or wrong answers, but should rather generate discussion whether further action by the CPMT may be warranted.

- **FAQ:** How do we identify and document our risk?
- **ANSWER:** To some degree you may have already, through informal collaborative discussions and activities. Examples include community needs assessments coordinated with the Annual Gap Survey and/or Promoting Safe and Stable Families (PSSF) Grant Plans. Localities are strongly encouraged to document risks identified and CPMT response using the Risk Assessment Worksheet found in the Self-Assessment Workbook or another resource that captures similar information.

The next slide provides an illustration of common risk categories that can also be used to generate discussion.

Section III: Internal Controls

This section is primarily composed of questions and tasks to evaluate the local CSA program's system of internal controls.

Internal controls are practices, policies, and procedures for assuring the achievement of an organization's objectives, operational effectiveness and efficiency, reliable financial reporting, and compliance with laws, regulations, and policies.

There are no right or wrong answers, but should rather generate discussion whether further action by the CPMT may be warranted.

Section V: Compliance

This section is composed of compliance criteria established by the Code of Virginia, Children's Services Act (statutory) and policies adopted by the State Executive Council (SEC).

- **In this section, the local program should carefully examine local practices, policies, and procedures, and activities to determine the current status of achieving the compliance criteria: met (i.e. full), in progress (i.e. partial w/explanation), or non-compliance.**
- **Activities in this section are mostly at the operations/ transaction level, whereas Sections I through IV focused primarily on management's oversight responsibility.**

- **FAQ 3:** Several areas in the compliance section of the workbook instructions include a sample selection. May we use the same sample or do we have to select a different sample for each review area?
- **ANSWER:** Absolutely, you may use the same sample selection for each compliance area tested. However, the number of cases reviewed should be representative of that review area. Note: The same sample may also be used to assess local compliance.
- **EXAMPLE:** If your initial sample selection included only one special education (SPED) file and your total SPED client population is 100, consider expanding your sample size for that specific service area.

- **FAQ 5:** What documentation do I need to retain?
- **ANSWER:** You must retain documentation of the manner in which your sample was selected, to include: source of the data, total population used for selection, sample size selected, and methodology (random, judgmental, statistical, etc.).

You must retain a list of the client files that were selected and reviewed, noting who performed the review. This may be recorded on the same document you used to evidence your sample methodology.

You must retain a summary of the results of your review. This may be recorded on the same document you used to evidence your sample methodology and/or listing of client files reviewed.

Section VI: Quality Improvement

In this section, the CPMT is encouraged to develop and document a plan to address areas of concern that were observed during the self-assessment process. The quality improvement plan should incorporate:

- **tasks to be implemented,**
- **anticipated date of completion, and**
- **person(s) responsible for monitoring status of quality improvement plans.**

The workbook includes a template that you can use to document and monitor the process.

Section VII: Certification

The certification section of the workbook is important because it serves to report the acknowledgement and conclusion by the CPMT of the overall assessment of the local CSA program. OCS will independently validate the conclusion documented by the CPMT Chair on the Statement of Acknowledgement and Certification. Independent validation steps are discussed later.

Section VII: Certification

- **Non-compliance with the statutory requirements of the CSA are significant, as they represent non-compliance with the laws of the Commonwealth of Virginia. If your local evaluation includes a determination of non-compliance with a legislative requirement (Code of Virginia, Appropriation Act, etc.), the certification acknowledgement should indicate that there was a significant non-compliance observation.**
- **For internal control evaluations, a significant weaknesses in internal controls is a deficiency, or combination of deficiencies, such that there is a reasonable possibility that material noncompliance with a compliance requirement will not be prevented, or detected and corrected, on a timely basis. For example, instances where management decisions may override/circumvent approved policies and procedures.**



Polling Question 2



Fun Trivia

Audit Reports

- **May inform discussions and decision making that affect program quality improvement efforts. Include CSA specific and other related audits and/or reviews (e.g. local government annual financial audits or internal audits, Title IV-E reviews, etc.)**
- **Provide an opportunity to discover from other programs where improvements may be warranted in your program.**
- **Allows for identification and correction of deficiencies prior to the next audit.**

Internal Quality Assessments & Corrective Action Plans

- **Results of on-going monitoring activities; may be reflected in CPMT minutes and accompanying reports.**
- **Documented tasks and strategies to address deficiencies and/or management concerns**
- **For CSA program audits, corrective action plans are referred to as “Quality Improvement Plans (QIP).”**

QIP Considerations

An actionable plan should

- **Describe tasks to be completed in sufficient detail to ensure that it will address the identified concern.**
- **Identify reasonable timeframes to implement quality improvement; formal plans may be used as a “punch list” to encourage timely resolution of noted deficiencies.**
- **Identify parties responsible for ensuring implementation and communicating progress to the CPMT.**
- **Be monitored to ensure concerns are resolved satisfactorily or strategies/tasks are modified where appropriate.**

Participant Engagement



For the remainder of the workshop, we will use case studies and supplemental materials to demonstrate how to use the resources discussed when preparing for a CSA program Audit.

- **Case Study**
 - **Abridged version of the actual workbook**
 - **Abridged version of an Audit Report**
 - **Sample Quality Improvement Plan**

Participants are encouraged to ask questions



Polling Question



3

Fun Trivia

Highlights

- **Rules of engagement are outlined in the CSA User Guide and e-learning modules in the COV Learning Center.**
- **Preparation resources include: audit reports, corrective action plans, self-assessment workbook, training events and e-learning modules.**
- **Maintain documentation of your audit preparation. May be useful for future audits.**
- **Ensure concerns are addressed resolved satisfactorily or develop a quality improvement plan, where appropriate.**



To reach a CSA Program Auditor, please call:

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Coming Up Next . . .

- Continuous Quality Improvement in CSA





Office of Children's Services
Empowering communities to serve youth

Zandra Relaford

Assistant Director

Office of
Children's Services





Office of Children's Services
Empowering communities to serve youth

Using Continuous Quality Improvement (CQI) to Make a Difference in CSA

Today's Learning Objectives

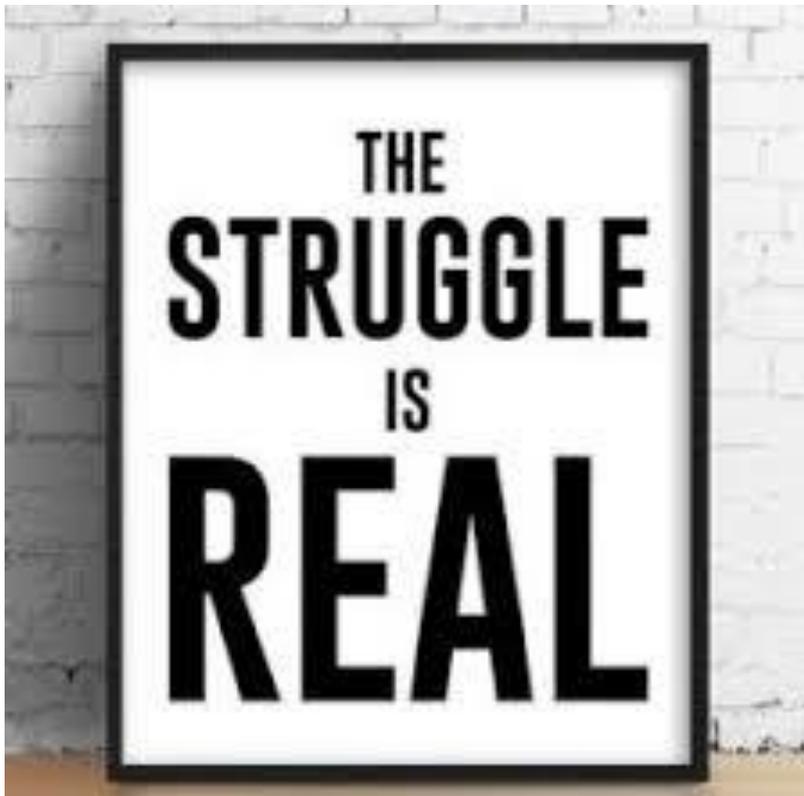
- Gain an understanding of Continuous Quality Improvement (CQI) and how it can be used to help localities
- Learn to use newly developed tools

Two Quick Questions

- How do you know that your CSA program is doing a good job?
- What can help you answer the "Are we doing a good job" question?



Why CSA CQI?



Significant number local CSA programs have had difficulties regarding requirements for

- Reviews of aggregate data
- Long-range planning

State Executive Council (SEC) charged OCS to develop approaches to help localities

CSA CQI Goals and Priorities

To support localities and equip local CSA programs by providing:

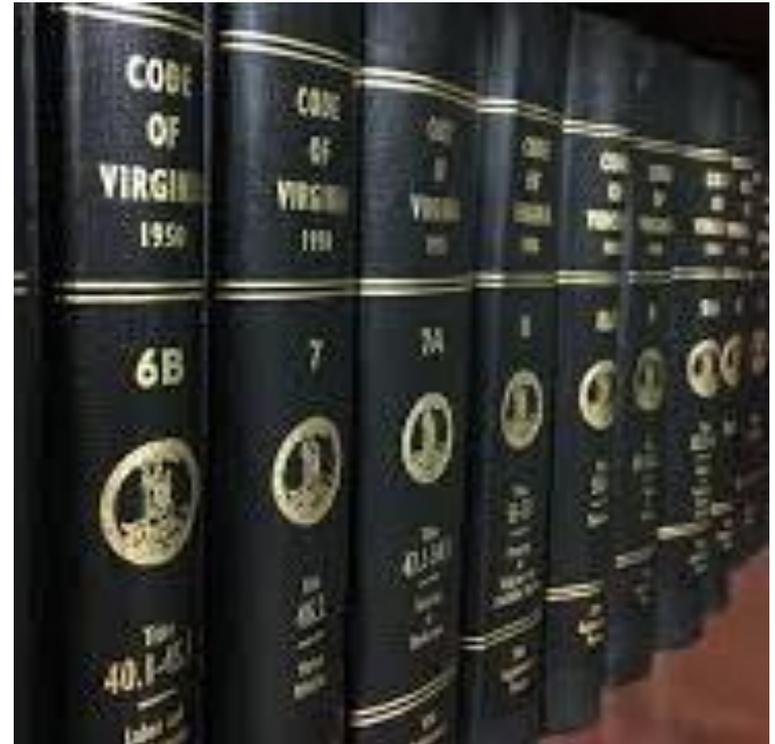
- Clear and consistent terminology
- Easy-to-use tools



Related Code of Virginia Requirements

§2.2-5206 (CPMT; Powers and Duties)

- ✓ Long-range community-wide planning
- ✓ Review and analyze data
- Appropriation Act (Item B.3)
"Each locality ... shall have a utilization management process..."



Why is this Important to Your CSA Program?

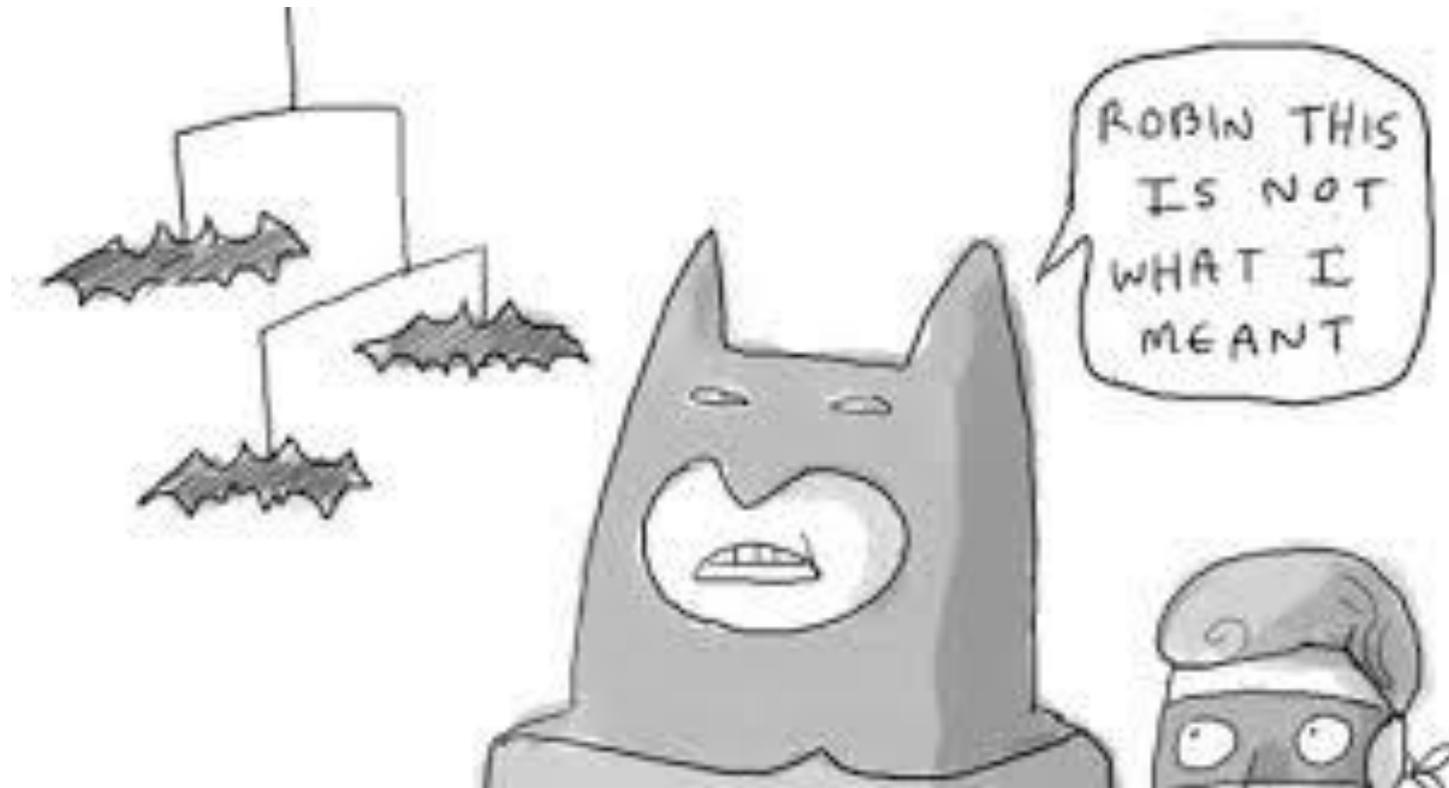
- Financial impact
 - \$447 million spent
 - \$148.9 million in local funds
 - More than 15,200 children/families served
 - How much was spent in your locality last year?
 - How many children served?



What is CSA Continuous Quality Improvement ?



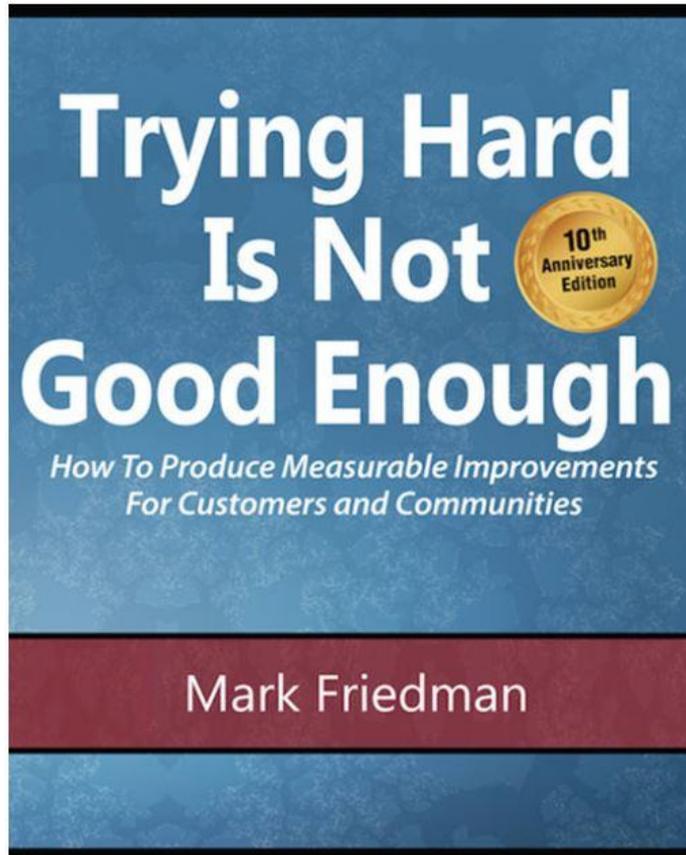
To the Bat Mobile...



Step 1: Create Clear and Consistent Terminology

- Utilization Management & Utilization Review are not the same

- Recommended improvements
 - ✓ Name change from UM to CQI
 - ✓ Develop clear and consistent terminology
 - ✓ Provide terms and definitions



"A framework for getting from talk to action quickly and making a difference, not just trying hard and hoping for the best."

Asks three key questions?

- How much did we do?
- How well did we do it?
- Is anyone better off?

Results Based Accountability (RBA)

"All performance measures that have ever existed for any program in the history of the universe involve answering two sets of interlocking questions."

Effort

How hard did we try?

Effect

Is anyone better off?

“All performance measures that have ever existed for any program in the history of the universe involve answering two sets of interlocking questions.”

	Quantity	Quality
Input Effort	How much service did we deliver?	How well did we deliver it?
Output Effect	How much change / effect did we produce?	What quality of change / effect did we produce?

Types of RBA Measures

How much did we do?

Clients/customers served

Activities (by type of activity)

How well did we do it?

% Common measures

e.g. client staff ratio, workload ratio, staff turnover rate, staff morale, % staff fully trained, % clients seen in their own language, worker safety, unit cost

% Activity-specific measures

e.g. % timely, % clients completing activity, % correct and complete, % meeting standard

Is anyone better off?

#

#

#

#

Point in Time
vs. Point to Point
Improvement

% Skills / Knowledge

(e.g. parenting skills)

% Attitude / Opinion

(e.g. toward drugs)

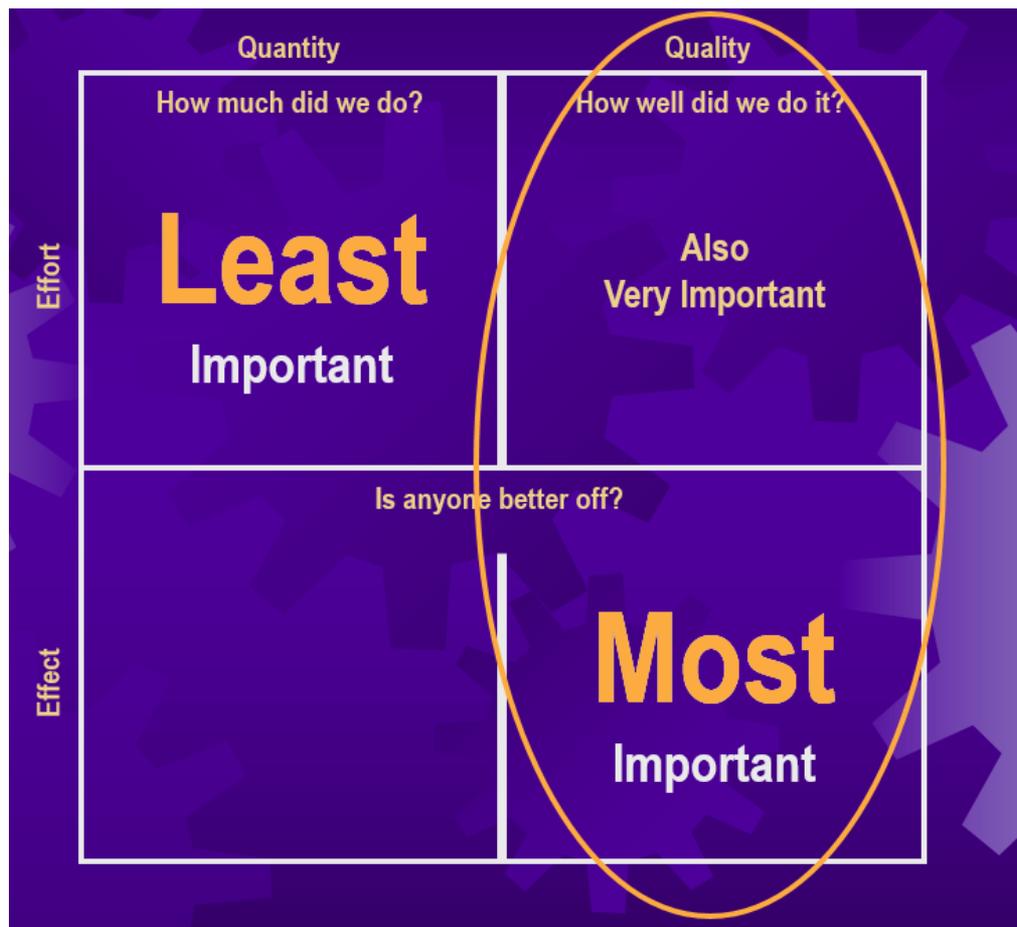
% Behavior

(e.g. school attendance)

% Circumstance

(e.g. working, in stable housing)

Not All Performance Measures Are Created Equal



Friedman's RBA Framework Applied

		Quantity	Quality
Effort	<p>How much did we do?</p> <p>Number of Children Served</p>	<p>How well did we do it?</p> <p>Percent of Referrals to FAPT with service initiation within 30 days</p>	
	<p>Is anyone better off?</p> <p><u>Number</u> of children with decreased CANS Behavior/Emotional Needs Domain scores over time</p> <ul style="list-style-type: none"> - Initial Assessment - Reassessment 	<p><u>Percent</u> of children with decreased CANS Behavior/Emotional Needs Domain scores over time</p> <ul style="list-style-type: none"> - Initial Assessment - Reassessment 	
Effect			



Types

- Quantitative
- Qualitative

Let's Apply the Big Three Questions

A = How much did we do? (#)

B = How well did we do it? (%)

C = Is anyone better off? (# or %)

Putting it All Together



Resources



Continuous Quality Improvement



[CQI Dashboard](#)

[CQI Dashboard Instructions Manual](#)

[CQI Dashboard Codes](#)

[CQI Documentation Template with Instructions \(Download\)](#)

[CQI Terms and Definitions](#)

[CQI Training](#)

Locating and Using the CSA CQI Tools

CSA CQI Dashboard in Action



Finance

Demographics/Utilization

Outcome Measures

Location
All

At-A-Glance

	<u>FY 2017</u>	<u>FY 2018</u>	<u>FY 2019</u>	<u>FY 2020</u>
Distinct Child Count	15,748	15,744	15,645	15,285
Gross Expenditures	391.4M	415.7M	427.1M	446.6M
Net Expenditures	\$24,254	\$25,021	\$26,731	\$28,676
Average Expenditure	--	--	--	--
Base Match Rates	0.3438	0.3430	0.3397	0.3397
Effective Match Rate				

Additional Local Data Resources

- **CSA Utilization Reports (launched 11/2020)**
- **CSA Service Gap Survey**
- **Local needs assessments**
- **Promoting Safe and Stable Families (PSSF) plans**
- **Virginia Juvenile Community Crime Control Act (VJCCCA) plans**
- **Family/customer feedback surveys & others**

CSA CQI Documentation Template

CSA CQI Documentation Template For:						
Data Point Reviewed	CPMT Observations	Date Reviewed by CPMT	Planned Responses/Goals	Assignments and Responsibility (Assigned to)	Timeframe for Planned Action	Date Completed
Number of Children Served (Distinct Child Count)						
Total Gross/Net Expenditures						
Number of Children Served (Distinct Child Count)						
Demographics (Child Count or Percent by Race, Gender, Age)						
Child Count/Percent by Service Placement Type						
Total Gross Expenditures by Service Placement Type						
Outcome: CANS Child School Domain (upward trend=improvement)						
Outcome: Community-Based Services (upward trend=improvement)						

CSA CQI Documentation Template: A Closer Look

- Data Point Reviewed
- CPMT Observations
- Date Reviewed by CPMT
- Planned Responses/Goals
- Assignments and Responsibility
- Timeframe for Action
- Date Completed

CSA CQI Documentation Template: A Closer Look



- Complete and discuss selected data during CPMT meetings
- Accomplishes required data review
- Helps with assignments and responsibilities
- Save and add template to CPMT minutes for documentation

Using the Tool Kit and CQI Together



- Data Dashboard
- Documentation Template

Goal Setting



Is Your Goal a SMART Goal?

A SMART resolution is not a basic statement or wish; it is a clearly drawn pathway to success, and a way to state not just what you want, but what you will do to accomplish it.



Clearly define your goal. Make it as specific as possible, and write down exactly why you want to achieve this goal.



Make your goal measurable. Whatever you want to achieve, make sure you have a way of measuring when you meet your goal.



Is your goal achievable in the allotted time? What steps must you take in order to achieve this goal?



Be realistic about how long it'll take to reach your goal, and the steps you're taking to get there.



Time sensitive goals are more likely to be achieved, whereas a loose thought will get piled behind a to-do list that keeps on growing.

CSA CQI Cycle: Step 2

Do



Theory



Best Approach

- Engage and include everyone
- Identify roles and responsibilities
- Document ideas and decisions
- Set a schedule
- Share the load

CSA CQI Cycle: Step 2

Do

- Implement
- Administer
- Collect
- Document



CSA CQI Cycle: Step 3

Check



- Complete data analysis
- Compare results goals
- Summarize
- Use Documentation Template

CSA CQI Cycle: Step 4 Check



A desert landscape with a paved road leading into the distance under a clear blue sky. The road has double yellow lines and is flanked by sand dunes and sparse desert vegetation. The quote is overlaid on three dark red rectangular boxes.

If you don't know where
you are going, you'll end
up someplace else.

Yogi Berra

Coming Up Next . . .

- Friday July 9, 9:00 AM
- "Meet and Greet" with Senior CSA Coordinators
- Send questions to anna.antell@csa.virginia.gov

